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Submit your articles, photos, and BZs through your chain of command to



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Nurse Corps News

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Director's Corner: M9 - Operational Medicine and Capabilities Development



Readiness is “Job One” and should be a part of your identity as a Navy nurse, whether you are an Active or Reserve Component Nurse Corps Officer or a Civil Service nurse. Everything you do should advance your own personal state of readiness or support someone else’s readiness.

At the facility or operational level, we “see” readiness in action. High reliability care supports readiness as it increases clinical acumen and enhances the patient’s health and readiness. Fitness, training, and maintaining one’s medical and administrative requirements also support readiness.

Did you ever pause to consider readiness at the “system” level? How do we ensure Navy Medicine is ready? How do we determine the number of nurses needed, where to assign them, and what skills and equipment they need? How do we determine future requirements and how do we initiate plans to cover the gap between current and future state?

At the Bureau of Medicine and Surgery, the office of Operational Medicine and Capabilities (referred to as M9) works with our Fleet and Marine Corps leadership to define the need, capabilities, and shape of our medical responses. M9 is staffed largely by Plans, Operations, and Medical Intelligence (POMI) specialists, but they work with all Corps and all functional

areas to identify, plan for, and position Navy Medicine to meet our military medical requirements.

There is a continuous planning loop for readiness. The Line Commander communicates a need and M9 assesses the personnel requirements and resources needed. When gaps are identified between supply and demand, operators and Navy Medicine representatives collaborate to problem solve and mitigate risk. Potential solutions may include platform reassignments, personnel redistribution, training updates, and changes to equipment and delivery mechanisms. Once operationalized in the field, M9 receives and evaluates feedback for future planning evolution. The Readiness Integration Product Team (RIPT) was formed to help address system level issues and the Nurse Corps is actively involved in RIPT efforts. Some of the other system level initiatives you may have heard of include Expeditionary Health Support Services (EHSS), Navy Manpower in Support of the Marine Corps (NMISOMC) and Mental Health Support of Fleet and Sub forces.

I hope this brief description increases your understanding of the readiness system. The system is big and it is complex. To be effective it requires a collaborative, interdisciplinary approach. To be effective it needs Shipmates who understand the imperative to be



Rebecca McCormick-Boyle
RADM, NC, USN

Director, Navy Nurse Corps

ready, who understand the imperative to quickly evaluate emerging needs, and who understand the imperative to be flexible in an ever-changing world. To be effective it also needs deck-plate Shipmates who understand their own personal readiness requirements and who are ready at a moment’s notice to deploy or to support others who deploy.

Every day I see Navy nurses who are consistently and brilliantly ready. I thank you for your tireless efforts to “Be Ready to be Ready.”

Nurses:

Do you have a question for the Admiral?

Post your question to



for an opportunity to “Ask the Admiral”



Follow the Admiral on Twitter
Get the link on MilSuite.mil



Farewell from the Editor: Introducing the New Crew



LT Edward Spiezio-Runyon

I can't believe it's been three years since I assumed the role of Editor of the *Nurse Corps News*!

It's been a busy time, packed full of changes in leadership, direction for the Nurse Corps, and the way information is shared. We've transitioned away from the use of NKO to MilSuite, where senior leaders are better able to communicate, collaborate, and share information directly. The Admiral uses Twitter and Facebook Live chats to keep her finger on the pulse of the Corps.

And the *Nurse Corps News* not only rebranded with a new look, format, features, and style, but shifted from a quarterly publication to a monthly one – all while simultaneously increasing the amount of information shared by almost 300%!

After such a wild ride, it's now time for me to step aside to let the next staff take over; but I'm leaving you in good hands! **LCDR Melani Harding** will be

taking the big chair as Editor. She comes highly recommended, with an outstanding background, and a sharp eye for editing and writing. I look forward to seeing where you lead the *News* into the future!

LT Eric Banker will be staying on for a second term as Layout Editor. Eric, thank you for all of the hard work, help, and enthusiasm over the past three years. I can quite literally say couldn't have done it without you!

Also joining the team will be **LT Nikki Pritchard** as Layout Editor. You're taking on a big job, but I've seen what you can do and know you're going to be an outstanding member of the team.

I'd be remiss if I didn't thank **RADM (ret) Niemyer, RADM McCormick-Boyle, RADM Alvarado, CAPT (ret) Beadle, CAPT Roy, CAPT Weaver, LCDR (ret) Levy, and LCDR Troncoso** for all their confidence and guidance over the course of my term. Likewise, thank you to all of the SNEs, specialty leaders, assistants, and senior leaders! Your leadership and support have been exemplary and it's been a privilege to work with you! I also need to thank **LCDR Nick Perez**, who served as our second Layout Editor before having to cut short his term to deploy. Finally, thank you to Navy nurses, active and retired, who have provided so many insights, suggestions, comments, and (yes) even the criticisms. Feedback, both posi-

tive and negative, is how you learn what works and what doesn't. Your input is what leads to the continued success of the *Nurse Corps News*.

For anyone who may be considering applying to be members of the team when openings come available, I would highly recommend this experience. It's been an amazing opportunity to get to know and interact with the Nurse Corps senior leadership. For junior officers, it allows for some excellent insight into the inner, behind the scenes workings of a large organization such as Navy Nursing.

I'll be fading into the background to finalize transition and the new team will take the reins beginning with the July issue. This is a unique Navy-wide collateral and it's been an honor to serve in the role. I've learned far more than I can relate in this space and I've greatly enjoyed the opportunity and experience.

But now, as I sign off, I'm claiming a cool new title – Editor Emeritus!

Earn a certification or a non-DUINS degree? Selected for an award or honor? For mention in our BZ section, submit your announcements through your chain of command to the Newsletter Team!



Specialty Leader Update: Education and Training (1903/3150)

Nurse Corps Education and Training continues to establish its presence across the Navy Medicine Enterprise with nurse educators being at the forefront of change. Besides being assigned at a multitude of blue and green-side school houses, medical training and headquarters commands, and Military Treatment Facilities (MTFs), nurse educators are also leading the charge and making a positive impact in various deployment missions such as COMFEX, Exercise Komodo, and Pacific Partnership. Ultimately, these opportunities not only build cohesion amongst our Navy Medicine team members, but also provide an outstanding platform for medical care and health education. Restoring human dignity and addressing socioeconomic factors of those who are less fortunate are critically important facets of these deployment missions.

Navy Medicine Education and Training Command (NMETC), led by RADM Rebecca J. McCormick-Boyle, established the precedent of education and training excellence and hence, the positive and tangible impact of our 3150 and 1903 communities is felt within the Navy Medicine Enterprise and with our sister services.

Our Nurse Corps has a respected and storied history of supporting the warfighter and

the ongoing national security demands of today, demonstrating how vital it is that we maintain and sustain excellence in both Nursing Education and Nursing Practice - no matter how, where, or when we are called to serve. We are a vigilant Corps, first in line to care for the wounded, ill, and injured in garrison and in combat; we support the expeditionary missions, air, ground, and sea and the worldwide humanitarian cause on a moment's notice. In so doing, it is imperative that education and training remain innovative and lead the way by incorporating state-of-the-art medical training, advanced learning technologies, and in-situ simulation education to sustain our robust readiness and patient care excellence.

As we continue to build upon the current manpower of our Education and Training specialty, these leaders, both CONUS and OCONUS, will be counted on to lead and train while simultaneously implementing and executing training policy and procedure. We are pivotal to ensuring mission training readiness. Lastly, the education and training mission is a shared passion, a shared belief; our success is your success; our culture is that of competence, relevance, and readiness across the Navy Medicine enterprise.

For information about 1903



CDR Steven J. Parks

and 3150 FY17-18 DUINS and exciting career enhancement opportunities, please contact **CDR Steven J. Parks**. As always, I am standing by to assist.

Have an idea for an article or photos of you and your colleagues doing what you do best?

Submit your articles, photos, and BZs through your chain of command to the Newsletter team through our hyper-link below:



Specialty Leader Update: Critical Care Nursing (1960) - Navy Critical Care Nurses Reignite Commitment to Their Practice



CDR Eddie Lopez

For the first time in many years, Navy Critical Care Nurses attended the premier, clinically-focused conference sponsored by the American Association of Critical-Care Nurses (AACN) held in New Orleans, Louisiana, May 15th – 19th. The National Teaching Institute (NTI) and Advanced Practice Institute (API) offered over 300 seminars on a myriad of critical care topics for all levels of experience from the advanced beginner to expert clinician. More than 25 critical care nurses, including active-duty and reserve component members and civilian employees, were selected to attend on funded orders, some making the trip from CONUS and OCONUS MTFs while others paid their own expenses; however, all demonstrated their commitment to Navy nursing, subspecialty education, and continued personal and professional growth. The weeklong event allowed each nurse to select seminars based on their specific areas of interest and individualize their schedule to maximize earning Continuing Education Units

(CEUs) necessary for RN licensure renewal and/or the Critical-Care Registered Nurse (CCRN) certification, which requires 100 or more CEUs over a three-year period. The conference also afforded the attendees direct contact with academic experts, industry leaders, and hands-on opportunities on state-of-the-art diagnostic, monitoring, and patient care equipment and devices. Some of the technological advances in equipment and clinical changes due to evidence-based practice will surely change critical care nursing as we know it today.

Attending the conference also provided many intangible benefits, such as the opportunity to build professional relationships with other Navy nurses and civilian nurses, to join networks outside of Navy Medicine, and the opportunity to be inspired by the Keynote speakers: Dan Harris from ABC News spoke about his personal battle with panic disorder and managing stress through meditation; Mel Robbins from CNN spoke about an overwhelming personal situation and subsequently overcoming depression; and Dr. B. J. Miller, who, as a Sophomore in college, made a poor decision and suffered bilateral below-the-knee and left below-the-elbow amputations, yet graduated from medical school. Incredibly, his presentation was not about his misfortune but of the importance of palliative care, our perception of death as health care providers, and our approach to end-of-life care for our patients.

As the Specialty Leader, I held a short brief at the conference and tasked the nurses with providing me

a personal take-away and one thing learned at the conference that would change their practice or the practice in their respective unit. Some of their comments are as follows:

LT Haley Willis, Lovell Federal Health Care Center- “It was refreshing and invigorating to hear the wisdom and encouragement of so many other nurses. After learning about the new Sepsis guidelines and changes that are being implemented throughout hospitals nationally, I will be working with our leadership and staff nurses to create a team to combat worsening sepsis and cases that may have been missed previously.”

LT Christopher Sutherland, NMCP- “Effective staffing is essential to patient safety and a healthy work environment. As a leader, I will utilize all resources available to develop a staffing model that ensures safe patient care and job satisfaction for all employees.”

LT Erica Nowak, NHCL- “I focused on attending lectures that reviewed hemodynamic monitoring as well as the passive leg raise technique to differentiate between patients who are ‘responders’ or ‘non-responders’ to fluid. My hope is that we are able to use the techniques as often as possible to assist providers in the decision making process and ultimately to provide better care to our critically ill patients.”

LCDR Davy Jenkins, NHJAX- “I work at a smaller, family-practice residency based hospital, and having a better command of

(continued on next page)



Specialty Leader Update: Critical Care Nursing (1960) - Navy Critical Care Nurses Reignite Commitment to Their Practice (*cont.*)

the medication regimens that the residents and family practice physicians prescribe allows my staff and I to be better patient advocates for the population we serve.”

LT Susan Murphy, NHJAX- “Our field is so dynamic and constantly evolving – a commitment to ongoing education and training is paramount to be a proficient critical care nurse. I learned so much about treating Sepsis: Stroke Volume is absolutely key and easy to perform, relying on Central Venous Pressure is out, reinforcing the importance of the lactate levels and trending lactate levels, and realizing that less than 50% of septic patients have positive blood cultures.”

LCDR Suzanne Fierros, NMCP- “Since being back on the unit, I have implemented change without reaching out to the staff directly. I

thought I knew what they would like and need; however, after several sessions in staffing and management, I quickly realized that I truly need to send out a questionnaire to find out what the staff really would like to see happen on the unit. I certainly have information overload with the feeling of wanting to change the world.”

*ENS Samantha Filipovich, NMCS*D- “Evidence-based research has demonstrated that ICUs are not utilizing high enough PEEP pressures immediately upon intubation as well as through the duration of treatment and healing. It was fascinating to learn the research behind the practices and corrective measures that can be taken to assist in facilitating quicker and more effective recovery for patients.”

LT Ashley Flynn, NMC SD- “I

can’t say enough about my experience at NTI. I attended a very informative session that pointed out all the different ways we use technology in our lives, but we are expected to put it away when we come to the unit. The presentation covered the top 10 nursing apps, as well as scripting and infection control for handheld devices. Phrases like ‘I am using my phone to communicate with your doctor about your most recent lab results’ or ‘I am using my phone to make sure there are no interactions between your medications’ would be great to adopt.”

Overall, the conference was a great experience for all participants and their remarks clearly demonstrate the benefit of professional education outside of the traditional classroom or computer based training.



Senior Nurse Executive – Navy Medicine West



CAPT Jay Chambers

As Navy Medicine moves toward the goal of becoming a Highly Reliable Organization (HRO), there has been an invigoration of old programs with a new focus. Continuous process improvement is one of those programs. In keeping with the tenants of an HRO, we will ask the hard questions of ourselves, look our faults squarely on, and relentlessly pursue improvements.

Throughout Navy Medicine West, nurses have been front and center in this effort. Currently, nurses are leading 22 formally charted process improvement projects throughout the region and are an integral part of a hundred more.

These projects are documented and made available for the entire enterprise to learn from. Topics are as varied as nursing itself, addressing such areas as breastfeeding safety in our nurseries, training our Hospital Corpsmen, and the speed in getting our Sailors and Marines on Limited Duty back on deck and fully functional.

Two specific examples illustrating the depth and breadth of these projects come from Naval Hospitals Okinawa and Bremerton. Through a root cause analysis (RCA), NH Okinawa identified that they did not have a robust mechanism for evaluating the thoroughness of their nursing documentation, which could potentially lead to a patient safety event. Under the leadership of *CDR Ohliger*, a project was initiated to establish a formal RN-to-RN peer review of documentation based on current standards of care. Concurrently, staff satisfaction assessments were conducted. The results of the assessments and reviews were publically discussed at regular staff meetings. Within months of initiating this program, nursing documentation complete-

ness rose nearly 25%. In addition, the nursing staff indicated in an overwhelming majority that they felt their patients were safer as a result.

At Naval Hospital Bremerton, it was noted that a significant percentage of pediatric specialty care was being performed outside of the direct military health care system. Moving care out of our direct care system increases the barriers to continuity of care and to the flow of clinical information between primary and specialty providers, as well as increasing expenses to the defense health system. Lead by *CDR Morris*, a multi-disciplinary collaborative partnership between the Naval Hospital and the Army Medical Center within the region was established. This partnership streamlined communication between these facilities, and resulted in 30% more pediatric patients cared for within the direct care system.

Throughout the region, nurses are digging deeper to discover system process issues, forming partnerships, leading change, and championing patient safety.



US Navy photos from www.med.navy.mil/Released



Okinawa Hosts First International Nurse Symposium

CDR Mary Gracia



CDR Mary Gracia, PNP

Excitement, positive energy, and English and Japanese languages resonated at the Butler Officers Club on May 09, 2016, for the First International Nurse Symposium. The event was hosted by the Okinawa Nurse Association (ONA), the Nurse Liaison Committee (NLC) and was sponsored by the Red Cross and the Wounded Warrior Project organizations.

Serving as ambassadors, the goal was to initiate dialogue between nursing specialties, maintain quality working relationships

with mutual respect, and understand cultural differences. The symposium brought nurses from USNH Okinawa and Japanese medical facilities together, presenting medical and nursing best practice lectures relevant to today's complex and changing needs with efforts to improve the overall wellness of the patient.

The symposium was overwhelmingly well-received with 132 attendees. Ten Japanese hospitals were represented, with University staff, Nursing Students, and a variety of healthcare facility staff. Japanese nurses with over 50 years' experience participated in the symposium alongside first and second-year nursing students. The lecture subjects were selected based on a needs assessment. When we learned Japan's University School of Nursing had limited Advance Nurse Practitioner (NP) & Clinical Nurse Specialist (CNS) programs, we chose to introduce these roles in the symposium, presenting our use of the Family NP, Pediatric NP, Mental Health NP and Ambulatory Care CNS. Lectures were presented in English and interpreted to Japanese by USNH



Dr. Tomoko Owan

Okinawa Japanese Medical Interns. The presenters were *Dr. T. Gregory & Dr. Sarah Luethe* (Patient Safety); *CDR M. Shusko* (Pre-Propylaxis HIV Management); *Dr. T. Owan* (Infection Control Nursing and Incontinence Care Nursing); *LCDR A. Hernandez & Dr. T. Hasabe* (Obstetric Care and Role of Midwife); and *LCDR K. Gerber & Dr. T. Sato* (Pain Management & CRNA Role). Six poster presentations covered process improvements such as Noise Reduction, Laboratory Transfusion Services, Cue Based Feeding, Nursing Peer Review, and Customer Service.

With greater understanding of each other's health care practice, we will be better equipped to effectively prepare our patients when they need to use Host Nations hospital services, ultimately improving the overall patient care experience.

We are thankful to all the volunteers who donated time to make this event a huge success. Thank you to all the interpreters from Tricare & Red Cross for the lectures & poster sessions, the Wounded Warriors Project, all members of the Nurse Liaison Committee, and Ms. Rachel Smith the harpist.



CAPT Joy Murray, DNS USNH Okinawa



Take Time Out for Every Patient. Every Time.

Wrong site surgeries still occur an estimated 40 times a week, or five times a day, in the United States per The Joint Commission. These “never events” should not happen if there is a team commitment to taking time out for every patient every time a procedure is started.

This year is the 12th anniversary of National Time Out Day, which is an event that draws attention to the need for everyone on the surgical team to pause before the procedure begins to make

sure they are operating on the right patient, the right site and they are performing the right procedure. Each year, new research comes to light on the issue of wrong site, wrong side, wrong procedure events. Evidence shows that the entire health care team must be engaged, including the patient and their family, in the pursuit of surgical patient safety. Naval Hospital Jacksonville highlighted their commitment to patient safety on 8 June 2016 in the main operating room by reaffirming the importance of each team member’s role in preventing



CDR Julie Conrardy

“never events”. Each member of the NHJAX team takes this day and every day as “Time-Out” day for our patients.



US Navy photo from www.med.navy.mil/Released

Always keep OPSEC in mind. Your editors, specialty leaders and highlighted individuals in our newsletter can be found in global outlook or at MilSuite.mil. If you need help, the team at the NC newsletter is here for you. Use the envelope hyperlink below to send us an email, question, comment or suggestion. Thank you for your continued support and keep the information flowing. Semper Forte.



The Joint Commission Military Fellowship in Chicagoland



LCDR James Reilly

Every day, there are innocent victims of avoidable mistakes and broken processes in hospitals. Wrong site surgery, dropped babies, medication errors, poor workplace safety, wrongful death, inpatient suicide, patient falls, improper high level disinfection leading to cross contamination, termination of life support without consent, and dangerous bacteria in hospital drinking water are just a few of the recent concerns we are becoming increasingly aware of. While many of these problems have existed since the advent of the hospital itself, the growing complexity of healthcare and the attributes of social media have only highlighted this epidemic.

The American College of Physicians, American Hospital Association, and American Medical Association joined with the American College of Surgeons in 1951, forming a

new entity. The goal of this unification was to provide hospital standardization and safe, effective care of the highest quality and value. The American Dental Association joined as a corporate member in 1979. In 2007, the Joint Commission on Accreditation of Healthcare Organizations underwent a major rebranding and simplified its name to The Joint Commission. This rebranding included the new tag line "Helping Health Care Organizations Help Patients."

The Joint Commission's military fellows learn from renowned subject matter experts in patient safety, standards interpretation, infection control, engineering, and leadership while at the Central Office. Military fellows also enjoy accreditation activities alongside surveyors at a wide variety of civilian hospitals throughout the country. Military fellows are also offered the opportunity to attend all conferences and earn continuing education hours at no cost, earn their Robust Process Improvement Yellow Belt, and sit for the Certified Joint Commission Professional (CJCP) specialty certification at the end of their training. This experience makes The Joint Commission Military Fellowship the ideal preparation for officers interested in the arenas of quality, high reliability, regulatory, and accreditation.

Several Department of Defense personnel are selected each fiscal year to attend The Joint

Commission in Chicagoland as "Fellows," in an effort to stem the tide of medical errors within the military health system. The Military Fellowship at The Joint Commission started in 1993 with a solitary officer and continues to expand. Military fellows wear civilian business attire as their uniform of the day, except when formal business attire is prescribed, such as on survey at a hospital or in the board room. This exciting opportunity is open to military Physicians, Dentists, Registered Nurses, and a variety of Medical Service Corps specialties in the Air Force, Army, and Navy. Officers selected to attend are typically between the paygrades of O-4 and O-6, and the duration of training is between ten to twelve months.

Please contact your Assignment Officer and Specialty Leader if you are interested in applying for The Joint Commission Fellowship.



Happy Birthday, Navy Nurse Corps!



While deployed in the South China Sea, the two nurses on board USS John C. Stennis, LT Stephanie Adams (Senior Nurse Officer) and CDR Christina Frix (CRNA), celebrated the Navy Nurse Corps Birthday with a cake-cutting ceremony.



MCEP Commissioning



Commissioning Stage Photo (left to right) ENS Ashley Bostic, ENS Raquel Loudermilk, CAPT Andrea Petrovanie, ENS Amarilys Torres, ENS Kristin Davis
Cake Cutting Photo (left to right) ENS Kristin Davis, ENS Ashley Bostic, ENS Amarilys Torres, ENS Raquel Loudermilk



On Friday, April 29, 2016, graduates of the Medical Enlisted Commission Program (MECP) at Jacksonville University, Florida, received their commission during a ceremony held at the Swisher Theater.

HM1 Ashley Bostic, AS2 Kristin Davis, HM2 Raquel Loudermilk, and AC1 Amarilys Torres were commissioned by Captain Andrea Petrovanie, Director for Branch Clinics, Naval Hospital Okinawa, Japan, who also served as the Guest Speaker.

Congratulations to the newly commissioned Ensigns and welcome to the United States Navy Nurse Corps!



Bravo Zulu!



Certifications

LT Meisha Caudle, from U.S. Naval Hospital Guam, earned the Inpatient Obstetrics Nurse (RNC-OB) certification.

LT Brandi Gibson, from Fort Belvoir Community Hospital, earned the Neonatal ICU Nurse certification.

LCDR Darcy Guerricagoitia, from Naval Medical Center Portsmouth, successfully passed the boards to become a Critical Care CNS.

LT Joshua Wymer, from NMC San Diego, became the first military nurse of any service branch to achieve the Certified Surgical Services Manager (CSSM) certification. BZ, LT!

Education

LT Joshua Wymer, from NMC San Diego, earned a Master of Science degree in Project Management (MSPM) from Granite State College. He was a vital contributor to the program achieving global accreditation through the Project Management Institute.

Patient Safety Award

Commander Randy Ashman, CRNA, DNP, from the Department of Anesthesiology at the Naval Medical Center San Diego (NMCS), was awarded the Department of Defense Patient Safety Award for 2015 in the "Clinical Improvements through the use of Evidence Based Practices" category. His research project was titled "The Effectiveness of Interventions to Increase Provider Monitoring of Endotracheal Tube (ETT) and Laryngeal Mask Airway (LMA) Cuff Pressures."

This feat was not easily accomplished, as there were over 100 competitive submissions, 15 from NMCS alone. The project increased provider awareness of the need for monitoring ETT and LMA cuff pressures and reduced average cuff pressure measurements. Ultimately, the project improved patient outcomes by decreasing the risk of airway injury for those undergoing general anesthesia with these airway adjuncts. This is another fine example of Navy Nursing working to continuously improved patient safety and outcomes.

Congratulations, Commander!

ACKNOWLEDGEMENTS

Page 1, picture: Rebecca McCormick-Boyle RADM, NC, USN; Official U.S. Navy photo/Released

Page 2, picture: LT Edward Spiezio-Runyon; Official U.S. Navy photo/Released

Page 3, picture: CDR Steven Parks; Official U.S. Navy photo/Released

Page 5, picture: NEW ORLEANS, Louisiana (May 18, 2016) - Military and Civilian nurses gather at the 2016 NTI Critical Care Conference. (U.S. Navy photo by CDR Eddie Lopez/Released)

Page 7, picture (top left): OKINAWA, Japan (May 09, 2016)- CDR Mary Gracia, a Pediatric Nurse Practitioner at USNH Okinawa and Chair of the Nurse Liaison Committee, speaks during the First International Nurse Symposium. (U.S. Navy photo by Joe Andes, USNH Okinawa PAO/Released)

Page 7, picture (top right): OKINAWA, Japan (May 09, 2016)- Guest Speaker, Dr. Tomoko Owan, a Registered Nurse and Associate Professor at the University of the Ryukyus, gives a presentation entitled "Specialty of the Infection Control Nurse and Incontinence Care Nursing." (U.S. Navy photo by Joe Andes, USNH Okinawa PAO/Released)

Page 7, picture (bottom): OKINAWA, Japan (May 09, 2016)- CAPT Joy Murray, Director Nursing Services at USNH Okinawa, speaks during the First International Nurse Symposium. (U.S. Navy photo by Joe Andes, USNH Okinawa PAO/Released)

Page 10, pictures (top left; bottom left; bottom right) PACIFIC OCEAN (May 13, 2016)- LT Stephanie Adams and CDR Christina Frix celebrated the Navy Nurse Corps Birthday with a cake-cutting ceremony. (U.S. Navy photo by LT Stephanie Adams/Released)

Page 10, picture (top right): PACIFIC OCEAN (Aug. 7, 2016) Nimitz-class aircraft carrier USS John C. Stennis (CVN 74) steams through the Pacific Ocean (U.S. Navy photo by Mass Communication Specialist 1st Class Bryan Niegel/Released)

Page 11, picture (top right): JACKSONVILLE, Florida (April 29, 2016)- Graduates of the Medical Enlisted Commission Program were commissioned by Captain Andrea Petrovanie (center). (U.S. Navy photo by CDR Daryl Green/Released)

Page 11, picture (bottom): JACKSONVILLE, Florida (April 29, 2016)- Newly commissioned officers (left to right) ENS Kristin Davis, ENS Ashley Bostic, ENS Amarilys Torres, ENS Raquel Loudermilk celebrate with a cake cutting (U.S. Navy photo by CAPT Andrea Petrovanie/Released)

